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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/500,532
		Filing Date	19 July 04
		First Named Inventor	Thennati RAJAMANNA
		Group Art Unit	1616
		Examiner Name	Sabiha QAZI
Total Number of Pages in This Submission		Attorney Docket Number	Sun Pharma

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): _____
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Pharmaceutical Patent Attorneys, LLC 55 Madison Avenue, 4th floor, Morristown NJ 07960-7397 USA
Signature	
Date	22 July 2005

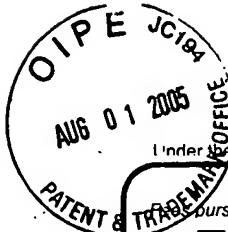
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Typed or printed name	Alexandra Skuthan		
Signature		Date	22 July 2005

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PTO/SB/17 (12-04v2)

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## Effective on 12/08/2004. Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Fee Transmittal** For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
180.00

### Complete if Known

Application Number	10/500,532
Filing Date	19 July 2004
First Named Inventor	J. RATAMANNAR
Examiner Name	Sabiha QAZI
Art Unit	1616
Attorney Docket No.	Sun Pharma

### METHOD OF PAYMENT (check all that apply)

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=		50	25	
HP = highest number of total claims paid for, if greater than 20.				200	100	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180	
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3.						

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Information Disclosure Statement

Fee Paid (\$)

180

### SUBMITTED BY

Signature	<i>J. Mark Pohl</i>	Registration No. (Attorney/Agent) 35,325	Telephone (973)984 - 0076
Name (Print/Type)	J. Mark Pohl		Date 22 July 2005

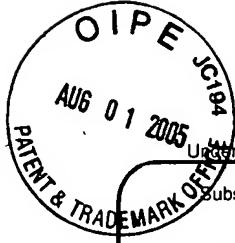
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PTO/SB/08A (04-03)

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~~Substitute for form 1449/PTC~~

## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

**(Use as many sheets as necessary)**

Sheet

6

of

2

**Complete if Known**

Application Number	10/500,532
Filing Date	19 July 2004
First Named Inventor	<u>T. RAJAMANNAR</u>
Art Unit	1616
Examiner Name	<u>Sabiha QAZI</u>
Attorney Docket Number	<u>Sun Pharma</u>

## FOREIGN PATENT DOCUMENTS

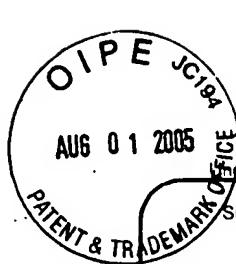
Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				
		WO 98/19513	14 May 98	PETERSEN et al		
		WO 98/19512	14 May 98	PETERSEN et al.		
		WO 99/30548	24 Jun 99	PETERSEN et al.		
		WO 00/23431	27 Apr 00	DALL'ASTA et al		
		WO 00/11926	09 Mar 00	PETERSEN et al.		
		WO 01/47877	05 July 01	CASTELLIN et al		

Examiner Signature		Date Considered	
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## **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

**(Use as many sheets as necessary)**

Sheet

2

of

2

**Complete if Known**

Application Number	10/500,532
Filing Date	19 July 2004
First Named Inventor	T. RAJAMANNA R
Art Unit	1616
Examiner Name	Sabihha QAZI
Attorney Docket Number	Sun Pharma

**U. S. PATENT DOCUMENTS**

## FOREIGN PATENT DOCUMENTS

Examiner initials*	Cite No. <sup>1</sup>	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>5</sup> (if known)				
		WO 03/029236	10 Apr 03	MALIK et al.		
		WO 01/02383	06 July 01	BOLZONELLA		

Examiner Signature		Date Considered	
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